# Type or print in ink. Amounts may be rounded to whole dollars.

ATE INDEPENDENT EXPENDITURE REPORT

|  |                                     |  |                  |                                     |   | LATE INDE              | PENDENT EX            | ENDITORI     | EKEPOKI |
|--|-------------------------------------|--|------------------|-------------------------------------|---|------------------------|-----------------------|--------------|---------|
| NAME OF FILER California Latino Alliance   |                                     |  |                  | Date of This Filing10/31/2002       |   | Date Stamp             | CALIFO                |              | 196     |
| AREA CODE/PHONE NUMBER<br>(818)260-0669    |                                     | I.D. NUMBER (if applicable)<br>1233905 |                  | Report NoLIE-2989                   |   |                        | For Official Use Only |              |         |
| STREET ADDRESS                             |                                     |  |                  | Page 1 of 5  Amendment to Report No |   |                        |                       |              |         |
|  |                                     |  |                  | No. of Pages5                       |   |                        |                       |              |         |
| 1. List Only One Car                       | ndidate or Ballot Measure           |  | <u> </u>         |                                     |   |                        | <b>'</b>              |              |         |
| NAME OF CANDIDATE SUPPORTED OR OPPOSED     |                                     |  |                  |                                     | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Proposition 46 - Housing and Emergency Shelter Trust Fund Act of 2002 |                        |                       |              |         |
| OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT |                                     |  | OPPOSE           |                                     | BALLOT NO./LETTER 46  | JURISDICTION statewide |                       | SUPPORT<br>X | OPPOSE  |
| 2. Independent Expe                        | enditures Made Attach addi          | tional information on app              | propriately labe | eled continu                        | ration sheets.  | <u>'</u>               |                       |              |         |
| DATE                                       |                                     | DESCRIPTION OF EXPENDITU               |                  |                                     |   | AMOUNT                 |                       |              |         |
| 10/30/2002                                 | Mailer<br>Memo Reference: 2002-8479 |  |                  |                                     |   |                        | \$19,708.0            | 0            |         |
|  |                                     |  |                  |                                     |   |                        |                       |              |         |
|  |                                     |  |                  |                                     |   |                        |                       |              |         |
|  |                                     |  |                  |                                     |   |                        |                       |              |         |
|  |                                     |  |                  |                                     |   |                        |                       |              |         |

Reason for Amendment:

**CALIFORNIA FORM** 

I.D. NUMBER (If applicable) NAME OF FILER California Latino Alliance 1233905

#### 3. Contributions of \$100 or More Received\* IF AN INDIVIDUAL, ENTER OCCUPATION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE **AMOUNT** AND EMPLOYER INTEREST RATES (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **RECEIVED** CODE\*\* **RECEIVED** (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 10/28/2002 Bank of America California PAC \$2,000.00 Atlanta, GA 30308 If loan, COM enter interest rate, if any OTH PTY □ scc ID: 990697 10/30/2002 California Ambulance Association PAC \$5,000.00 IND Sacramento, CA 95814 If loan, COM enter interest rate, if any Потн ☐ PTY SCC ID: 890111 10/25/2002 Cardenas Markets, Inc. \$1,000.00 Ontario, CA 91761 If loan, ☐ COM enter interest rate, if any ■ OTH PTY SCC Citizens for Fire & Seismic Safety 10/25/2002 \$5,000.00 Los Angeles, CA 90035 If loan, COM enter interest rate, if any OTH PTY □ scc ID: 1244847 10/25/2002 Coalition for Natural Health PAC \$10,000.00 Washington, DC 20005 If loan, COM enter interest rate, if any OTH PTY SCC 10/25/2002 K.V. Mart Co. dba Top Valu Markets & Valu Plus Food Warehouses \$1,000.00 Carson, CA 90745-4207 If loan. □ сом enter interest rate, if any OTH ☐ PTY SCC

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

CALIFORNIA FORM 496

NAME OF FILER
California Latino Alliance

1.D. NUMBER (If applicable)
1233905

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SCC

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FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

CALIFORNIA 496

NAME OF FILER
L.D. NUMBER (If applicable)
California Latino Alliance

#### 3. Contributions of \$100 or More Received\* IF AN INDIVIDUAL, ENTER OCCUPATION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR **AMOUNT** DATE AND EMPLOYER INTEREST RATES (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **RECEIVED** CODE\*\* **RECEIVED** (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 10/25/2002 Super A Foods \$1,000.00 City of Commerce, CA 90040 If loan, □ сом enter interest rate, if any OTH PTY □ scc 10/31/2002 United Distillers & Vintners North America, Inc. \$10,000.00 ☐ IND Stamford, CT 06902-3845 If loan, COM enter interest rate, if any OTH ☐ PTY ☐ SCC If loan, COM enter interest rate, if any OTH ☐ PTY SCC If loan, СОМ enter interest rate, if any OTH PTY □ scc If loan, COM enter interest rate, if any ☐ OTH ☐ PTY SCC If loan. СОМ enter interest rate, if any OTH ☐ PTY SCC

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FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

| Memo Reference: 2002-8479 Estimated Costs |  |
|---|--|
| Estimated Costs                           |  |
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